

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for DOS 06/24/01 through 03/22/02.
 - b. The request was received on 03/28/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60
 - b. Prescription Log and Receipts
 - c. Letter from treating doctor dated 02/15/02
 - d. Peer Review dated 08/24/00
 - e. Medical Records
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. Audit summaries/EOBs
 - b. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. The Division forwarded a copy of the request to the insurance carrier via certified mail on 07/18/02. The carrier representative signed for the copy on 07/19/02. The response from the insurance carrier was received in the Division on 07/25/02. Based on 133.307 (i) the insurance carrier's response is timely.
3. Returned certified mail card is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: no position statement submitted
2. Respondent: no position statement submitted

IV. FINDINGS

1. Based on Commission Rule 133.307(d)(1&2), the only dates of service eligible for review are those commencing on 06/24/01 and extending through 03/22/02.

2. The Requestor/Claimant is seeking reimbursement for prescription medication during the dates of service in dispute. The amount in dispute per the TWCC-60 is \$851.80.
3. The Requestor/Claimant was prescribed and paid a total of \$379.07 for 8 dates of service for Hydrocodone, a total of \$97.12 for 7 dates of service for Alprazolam, and a total of \$377.91 for 8 dates of service for Carisoprodol. This totals \$854.10.

V. RATIONALE

The dispute packet from the Requestor/Claimant contained no EOBs for the prescription medication that is in dispute. The Commission case file also lacked proof of delivery of the dispute to the carrier by either the Requestor/Claimant or the Commission itself. A copy of the entire dispute packet was forwarded to the Carrier's representative. The Carrier responded to the dispute with EOBs for services not in dispute. Based on a TWCC-21, dated 06/25/02, in the Requestor/Claimant's dispute packet which references a peer review and the peer review doctor's statement, "I do not find any indication for the use of any type of prescribed medications as it relates to the injury date of ____", this dispute will be reviewed as denied not related.

The primary evidence that speaks to whether the prescription medication is related to the ____ injury is the peer review and a letter from the treating doctor. The peer review is dated 08/24/00 this is 10 months prior to the first date of service in dispute and 18 months prior to the last. The letter from the treating doctor is dated 02/15/02, a date that is during the dates of service in dispute, and discusses the specific prescription medication and how each is related to the claimants injury.

Based on the documentation available for review the prescription medication in dispute is related to the injury of ____ and the claimant is entitled to reimbursement of \$851.80, the amount requested on the TWCC-60.

VI. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$851.80 to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 26th day of July 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers' Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.